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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PD-00W124

First Named Inventor

Kovacs

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Multilayer Thin Film Hydrogen Getter

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | USA | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | USA | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

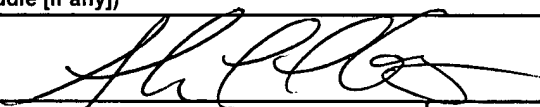
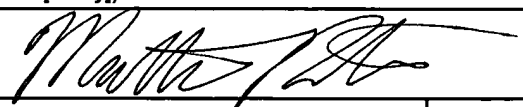


Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application

| | | | | | |
|--|--|--------------------------------------|---|--|------------------------------|
| Direct all correspondence to: <input type="checkbox"/> | | Customer Number or Bar Code Label | 23915 | OR <input checked="" type="checkbox"/> | Correspondence address below |
| Name John E. Gunther | | | | | |
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| Country USA | | Telephone 310.647.3723 | | Fax 310.647.2616 | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Alan L. | | | Family Name or Surname Kovacs | | |
| Inventor's Signature  | | | | Date 11/25/03 | |
| Residence: City Long Beach | | State CA | Country USA | Citizenship USA | |
| Mailing Address 3713 Roxanne Avenue | | | | | |
| City Long Beach | | State CA | ZIP 90808 | Country USA | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Matthew H. | | | Family Name or Surname Peter | | |
| Inventor's Signature  | | | | Date 11/25/03 | |
| Residence: City Los Angeles | | State CA | Country USA | Citizenship USA | |
| Mailing Address 3663 Cardiff Avenue, #205 | | | | | |
| City Los Angeles | | State CA | ZIP 90034 | Country USA | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3__ of 3__

| | | | | | | | |
|--|---------------------|-------|----|---|----------|-------------|-----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| Kurt S. | | | | Ketola | | | |
| Inventor's Signature | Kurt S. Ketola | | | Date | 11/25/03 | | |
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| Post Office Address | | | | | | | |
| City | Los Angeles | State | CA | ZIP | 90034 | Country | USA |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| Jacques F. | | | | Linder | | | |
| Inventor's Signature | Jacques F. Linder | | | Date | 11/25/03 | | |
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| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|-----------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Kovacs |
| Title | |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | PD-03W101 |

I hereby appoint:

☐ Practitioners at Customer Number

23915

Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| John E. Gunther | 43,649 |
| Glenn H. Lenzen, Jr. | 29,320 |
| Leonard A. Alkov | 30,021 |
| William C. Schubert | 30.102 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John E. Gunther

Signature

Date

11/25/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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